

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">10/589247</div>	FILING DATE
APPLICANT(S)								
<b>CLAIMS</b>								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
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TOTAL IND.	1	↓		↓		↓		
TOTAL DEP.	9	←		←		←		
TOTAL CLAIMS	10							
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
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TOTAL DEP.		←		←		←		
TOTAL CLAIMS								